

TRANSITION CENTER WORKSHEET

(WRITE LEGABLY)

- EOM LES
- DA FORM 31 (TERMINAL
LV) (CONTROL # &
SIGNATURE CDR

PRIVACY ACT STATEMENT: Authority Title 5, U.S.C., Section 301

PRINCIPAL PURPOSE: Routine use: to determine permanent mailing address, nearest relative and address, terminal leave information, separation preference, and VEAP participation.

DISCLOSURE: Disclosure is voluntary; however, without information Transition Center cannot ensure correct information for the preparation of separation documents.

NAME (LAST, FIRST, MI)

SSN

RANK

UNIT

DIVISION/MSC

ETS DATE

1. PERMANENT MAILING ADDRESS FOLLOWING SEPARATION (PLEASE PRINT)

STREET: _____

CITY: _____ STATE _____ ZIP _____

HOME PH# (____) ____--____ (AFTER SEPARATION)

2. NAME OF NEAREST RELATIVE AND ADDRESS (OTHER THAN SPOUSE, PLEASE PRINT)

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

3. DEPENDENTS: YES ☐ NO ☐

YOUR PERMANENT MAILING ADDRESS WILL BE USED BY ARPERSCOM AND THE VETERANS ADMINISTRATION FOR MAILING PURPOSES FOR ALL OFFICIAL CORRESPONDENCE.

4. I PERFORMED DUTY IN SOUTHWEST ASIA FROM _____ TO _____

5. IN ACCORDANCE WITH AR 635-200 SOLDIERS WHOSE CONTRACTED ETS FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY MAY BE PROCESSED ON THE PRECEEDING WORKDAY. THIS PROVISION DOES NOT APPLY IF TAKING TRANSITION LEAVE.

MY ETS OR START OF TERMINAL LEAVE STARTS ON (DATE) _____ WHICH IS A SATURDAY, SUNDAY, OR HOLIDAY (CIRCLE ONE)(IF EITHER IS DURING WEEKDAY, DISREGARD).

6. I CONSENT TO THE RELEASE OF MY POST ETS MAILING ADDRESS TO THIRD PARTIES.
YES ☐ NO ☐

7. I PLAN TO TAKE ____ DAYS TRANSITION LEAVE. LEAVE ENDS ON ETS DATE. COUNT BACK THE NUMBER OF DAYS ACCRUED AS OF ETS TO DETERMINE START DATE. (HALF DAYS WILL NOT BE INCLUDED. PAYMENT WILL BE MADE FOR HALF DAYS.)

8. EMAIL ADDRESS: _____

9. DAYTIME PHONE WHERE I CAN BE REACHED: (CELL PHONE IS BEST) _____

WORK PHONE

SIGNATURE

DATE